

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/520231

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---|--|
| U.S. NATIONAL STAGE FEES | | |
| BASIC FEE | SMALL ENT. = \$ 150 | LARGE ENT. = \$ 300 |
| EXAMINATION FEE | Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100 | All other situations = \$ 100 / \$ 200 |
| SEARCH FEE | U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400 | All other situations = \$ 250 / \$ 500 |
| FEE FOR EXTRA SPEC. PGS. | minus 100 = | / 50 = |
| TOTAL CHARGEABLE CLAIMS | 20 minus 20 = | — |
| INDEPENDENT CLAIMS | 2 minus 3 = | — |
| MULTIPLE DEPENDENT CLAIM PRESENT | — <input type="checkbox"/> | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE | FEE |
|------------|-------------------|
| BASIC FEE | 150 ⁰⁰ |
| EXAM. FEE | 100 ⁰⁰ |
| SEARCH FEE | 200 ⁰⁰ |
| X \$ 125 = | |
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |
| TOTAL | 450 ⁰⁰ |

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CLAIMS AS AMENDED - PART II

1-4-05

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT A | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * 20 | Minus ** 20 | = 0 |
| Independent | * 2 | Minus *** 3 | = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |
| TOTAL ADDIT. FEE | |

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| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|---------------|
| AMENDMENT B | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | * | Minus ** | = |
| Independent | * | Minus *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE |
|------------------|----------------|
| X \$ 25 = | |
| X \$ 100 = | |
| + \$ 180 = | |
| TOTAL ADDIT. FEE | |

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- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.